Mental Health Assessment Units

Nevis Building Stobhill Hospital

Macleod Centre Leverndale Hospital

STANDARD OPERATING PROCEDURE

DIGITAL PROCESS

REFERALS TO MHAUs FROM

NHS24/GPs/EDs

Document Reference Number:	**3**
Document Prepared By:	**Gillian Reilly, Service Manager, Specialist Services** **Donna Munro, Team Leader MHAU**
To be Approved by:	**Kelda Gaffney, Head of Service, Specialist Services**
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1. INTRODUCTION

This document outlines the service provision for access to Mental Health Assessment Units (MHAU) for those patients in mental health crisis/distress who would ordinarily attend the Emergency Departments of the GRI, QEUH, RAH and Inverclyde Royal Hospital. This is to provide an appropriate patient centred pathway for those who are experiencing mental health crisis/distress and require a clinical response in the form of a Specialist Mental Health Assessment.

The MHAU is a specialist service which will provide an assessment, diagnosis and management to patients who are presenting in mental health crisis/distress and would have sought assistance through presenting at an Emergency Department or accessed assistance via Police Scotland or Scottish Ambulance Service. This has been introduced as a direct response to the extraordinary service pressures on existing resources within Emergency Departments as a result of the Covid-19 pandemic and to help reduce the risk of cross contamination for patients and staff, this will be subject to regular review.

The service aims to provide patients with a full psychiatric evaluation including mental health risk assessment with appropriate treatment and follow-up arrangements.

2. THE AIMS OF THE DOCUMENT

This document is to outline the digital process for the MHAUs and therefore is supplementary to version 8 of the SOP for the MHAUs.

The aim of this document is to provide a clear overview of the digital process and internal and external pathways of electronic and telephone referrals.

To provide a clear and concise referral pathway to the MHAUs from:

- Emergency Departments
- Police Scotland
- Scottish Ambulance Service (including Mental First Response Car)
- GPs
- GPs Out of Hours
- NHS24
- Urgent Care Resource Hub

In this the process for urgent referrals to the MHAU via sci gateway and the processing of same.

A clear and concise guide to the referral process from NHS24 to the MHAUs and the electronic mailbox and Adastra system.

A clear and concise guide to the referral process from the Urgent care resource Hub (UCRH) to the MHAUs.

3. PROCESSING AND MANAGING REFFERRALS.

Telephone referrals are recorded on templates provided. All demographics must be taken and forms completed with outcomes. On receiving a referral from EDs, Police Scotland, Scottish Ambulance Service or GPs the MHAU staff complete a referral form with the demographics and reason for referral and add the referral to the case load of the receiving MHAU on EMIS. The allocated clinician will then review patient notes before calling back to the referrer to discuss the patient and either accept referral to MHAU for urgent review or offer telephone assessment.

Where the patient is assessed face to face, the Brief Assessment Tool (B.A.T) will be completed. The B.A.T for all face to face assessments will be completed via win voice pro, once verified this will automatically be uploaded onto EMIS and clinical Portal simultaneously.

If patient contact is resolved by telephone intervention an SBAR will be completed. The SBAR with telephone consultation details will be put into letter format and sent to the GP.

When a telephone or face to face assessment is carried out and there is a change in risk or for an unknown patient a C.R.A.F.T. risk assessment should be completed/updated. The C.R.A.F.T. should still be completed on EMIS for every face to face assessment.

4. REFERRALS FROM NHS24 CORE, MENTAL HEALTH HUB AND GPs.

All mental health calls out of hours should go through NHS 24 on 111 and option 1 for the mental health hub. If the call is deemed to require further review, the call will be sent electronically to the MHAU via a secure mailbox. Any mental health calls should transfer from NHS24 core service over to the NHS24 Mental health hub if the correct option is not entered by the caller. If the call is deemed to require further review, the call will be sent electronically to the MHAU via a secure mailbox.

Patients known to Mental Health services should utilise their own team within hours. Should they call into NHS24 a referral will also be sent electronically to the MHAU for review or onward referral to their own team as deemed appropriate.

GP referrals and GP OOH referrals will also be sent digitally to the generic mailbox.

5. ADASTRA GP SYSTEM

The MHAUs will have access to the ADASTRA GP system. This will provide a backup and contingency for the generic mail box for the MHAUs. This is not a full access version however it is a back-up system only and can be used to ensure that all electronic referrals from NHS24 and GPs via ADASTRA are successfully migrating to the MHAU mailbox. In order to successfully monitor that referrals are moving safely and effectively from ADASTRA to the mailbox you will require administration rights in ADASTRA.

Once in ADASTRA You will look under

Post Event Messaging

- Message History
- Message queue

You will be able to compare the message history to those received in the mailbox you have to scroll right down to the bottom of the screen and look for mental health assessment unit referrals.

You should see in red if there are any message failures.

You cannot type or amend anything in ADASTRA this is for read only and to ensure flow of referrals

6. MONITORING AND PROCESSING OF THE SECURE MAIL BOX.

The governance around the monitoring and processing of the generic mailbox may differ depending on demand and capacity. At this time this is allocated to alternate sites on alternate weeks. Each site will be allocated a band 6 co-ordinator whom will not leave the unit. They will oversee workflow and delegation and prioritisation of referrals including the mailbox, MHAU assessments, home visits and on site assessments at ED.

Referrals should be printed off and allocated accordingly. If passing over to another site due to workload this should be added to their caseload and followed up by a telephone call. Referrals will not be geographically affiliated as they will be based on demand and capacity. The appropriateness of geographical area may be a discussion required to take place if the referral requires a face to face assessment however this decision will be made by the onsite co-ordinators.

The completed referral box will be accessed by admin only however in order to ensure referrals are not missed or indeed duplicated. The mailbox monitor should categorise the referral as red once it has been dealt with thus minimising the risk of error. It should be evident at a glance which referrals are outstanding and requiring attention. Only one person should be managing the mailbox at any one time.
Out of Hours GP referrals are within the same parameters and for GG&C area only as per current protocols. If there are any issues with a GP referral which requires feedback or discussion with the GP then staff should contact GEMS – 0141 616 6213 (this is not for NHS24 referrals)

For NHS24 MHH – referrals only from the mental health hub then there is a mobile phone number which is 07773642679.

ADASTRA will work as a backup for the mailbox. It is possible for the GEMS mailbox to become stuck ADASTRA should therefore be monitored on a 30 minute basis. In the event there have been no referrals to the mailbox for a period of 30 mins ADASTRA should be screened.

If a GP is required for detention home visits then this should be organised via the Urgent Care Resource Hub – (contact details to follow) if required to discuss any other referral from GEMS then this should be done through the NHS24 111 number. The Urgent Care Resource Hub is not yet available therefore NHS24 111 should be used if requiring a GP for consideration of the Mental Health Act Scotland (2003).

7. CONSULTANT CONNECT

G.P Surgeries will refer via Consultant Connect to discuss the referral and agree appropriate course of action. If it is agreed that the patient requires same day mental health assessment this will be followed up with a SCI gateway referral to MHAU's. All SCI Gateway referrals will be screened and allocated by Medical Records Monday-Friday 9am-5pm.

The service is available to patients 18 years and older who require urgent specialist mental health assessment that day. For patients who need seen soon or routinely referrals would be made to the relevant CMHT using existing referral routes.

8. EMIS TASK SYSTEM OOHS PERIOD AND CORE HOURS

The Emis task function is used to distribute workloads electronically. Every user has an individual task list however tasks should not be sent to individual clinicians. The 'DUTY' task function should be used when tasking teams' information. When sending tasks we should differentiate between 'Patient note' and 'Referral' as appropriate. The Task system should not replace verbal communication but rather an electronic addition to communication. Staff should telephone teams to discuss referrals/ensure tasks have been received.

9. EMIS User Guidance

We have attached the EMIS User Guidance as appendix 1 & 2 at the end of the document.

Appendix 1 EMIS PROCESSES FOR COMMUNITY MENTAL HEALTH TEAMS Adults and Older People CMHTs

Table of Contents

EMIS Processes for Community Mental Health Team (Adult and Older Peoples)

Introduction

This guide is intended to guide clinicians and admin staff through the common actions they will use day to day. This guide differs from the EMIS Manuals in that it describes processes and when particular function of EMIS should be used. It is intended to be more of a practice guide. Each section has a link to the corresponding EMIS manual which gives the detail of how to carry out the action within the EMIS system.

1. Referral to CMHT/OPCMHT

1.1 Sci Gateway Referrals- Health Records

Registration of Sci Gateway Referrals on EMIS will be the responsibility of Health Records. Health Records in each of the Inpatient Sites will be responsible for the registering of CMHTs/OPCMHTs Sci Gateway Referrals within the inpatient catchment area.

Health Records process.

1. Designated health record staff will check each of the Sci Gateway Accounts for the community teams within the inpatient catchment area every hour.
2. Health Records will establish which team the referral should be registered to by checking postcode and age. If any uncertainty establishing the correct team contact a CMHT duty person.
3. Health Records will validate referral information, register patient on EMIS, attach a copy of Sci gateway referral and place on inbound referral.4. Health Records will check for previous referrals, if previous referral exists Health
Records will attach a copy of Data from PIMS PDF to record in EMIS.
5. If a previous referral exists Health Records will locate case note. If no previous referral exists a case note will be generated.
6. Health Records will update case note tracking within EMIS and send case notes to Team.

1.2 Non Sci Gateway referrals- Local Admin Teams and Medical Records

1. Non Sci Gateway referrals will be registered on EMIS by Admin staff within teams.
2. A copy of the referral will be scanned and sent to Health Records using Health Records Generic Email box.
3. Health Records will validate referral information registered on EMIS.
4. Health Records will check for previous referrals, if previous referral exists Health Records will attach a copy of Data from PIMS PDF to record in EMIS.
5. If a previous referral exists Health Records will locate case note. If no previous referral exists a case note will be generated.
6. Health Records will update case note tracking within EMIS and send case notes to Team.

Corresponding Guidance
Patient Registration

GGC Mental Health Manual - Patient Registration v3.pdf Section 2.2 page 8
Adding a Referral
GGC Mental Health Manual - Patient Administration.pdf Section 1.3.1 page 7

Attaching a Document
GGC Mental Health Manual - Care Record v2.pdf Section 2.8.1 Page 46
Case note Tracking

2. **Warnings**

Warnings in EMIS are the equivalent of Alerts on PiMS. Warnings can be added by users and the user has to specify when they are displayed. A warning should always be set to display when 'swap patient'. EMIS warnings currently allow user to enter as free text. A development has been requested to allow Warning to be categorised followed by the ability to add free text and to have a review date added.
When adding a warning on EMIS one of the following categories should be typed in followed by free text information giving more information on the warning.

Warning Categories
Assertive Outreach
Care Guidance
Clinician at Risk
Legal Issues
MAPPA
Medication Issues
On Clozapine Treatment
On Depot/Long Acting Anti-Psychotic
On Lithium
Vulnerable Patient

All MAPPA warnings will be managed by Health Records as is currently the arrangement for MAPPA Alerts on PIMS.

Corresponding Guidance
EMIS
Adding or Editing a Warning
GGC Mental Health Manual - Patient Registration v3.pdf Section 5/6 page 19.

3. Screening/ Allocation

A duty person or other designated team member will screen the inbound referral list for the team within EMIS twice daily; this process will be to check for any urgent action required and appropriateness of the referrals.

If the referral is appropriate for the team and can wait for allocation at the next Screening/Allocation Meeting the referral should be moved to under discussion list.
If the referral requires immediate action or is inappropriate referral to the team the duty person or the other designated team member will be responsible for ensuring the appropriate action is taken.

GGC Mental Health Manual - Patient Administration.pdf Section 1.3, page 7

4 Allocation Meeting

At an MDT Allocation meeting the EMIS Care Record can be displayed on mobile device or projected to a screen. The Sci Gateway Referral will be attached to record and available at meeting. When a decision is made about allocation this should be recorded on EMIS at the meeting. A letter should be sent to the referrer with the outcome of discussion. Allocation on EMIS can be to a discipline group, individual, a group or an assessment clinic.

Corresponding Guidance
Changing Service
GGC Mental Health Manual - Patient Administration.pdf Section 1.5.4 page 15
Assigning keyworker
GGC Mental Health Manual - Patient Administration.pdf Section 1.5.2 page 14

5. Booking an appointments /Text Reminder

An appointment should be booked using the Appointment book. An appointment letter should be generated using the current process within team for creating letters. An automated text reminder will be sent 72 hours prior to the appointment if the patient has opted in to SMS in registration.

Corresponding guidance
Booking a Patient Appointment
GGC Mental Health Manual - Appointments and Tasks v3.pdf Section 1.7 page 19

5.1 Booking a Joint Appointment

When carrying out a joint appointment both staff attending the appointment must book separate appointments within their own individual appointment book. Staff attending the appointment should agree who is going to complete the consultation note however both staff can add a consultation, this may be relevant when staff of different disciplines are carrying out discipline specific assessments.

GGC Mental Health Manual - Appointments and Tasks v3.pdf Section 1.7.3 Page 22

6. Updating patient's appointment status- Patient Attended

6.1 Updating patients appointment status- Patient Attended

When a patient arrives at a base for an appointment the reception staff can arrive the patient electronically, the clinician can log into EMIS to see that the patient has arrived for the appointment. After the patient has left or after a home visit the clinician should record outcome of appointment in EMIS. It is expected that all clinicians will type directly into the chronological account of care within EMIS after each appointment. When the status of the appointment is marked as attended the consultation page will automatically launch allowing clinician to record detail of appointment. This should be completed as close to the appointment as possible.
Corresponding guidance

Updating an Appointment Status
GGC Mental Health Manual - Appointments and Tasks v3.pdf Section 1.10 page 26

6.2 Adding a consultation using SBAR template

An SBAR template has been developed for this purpose and it is recommended that this is used as a standardised way of recording contacts. The diagnosis, suitability for psychological therapies and outcome of appointment can also be recorded using the SBAR Template.

Corresponding Guidance – Adding a Clinical Template from Within a Consultation
GGC Mental Health Manual - Care Record v2.pdf Section 2.2 page 42

6.3 Adding a diagnosis/Problem

When adding a diagnosis EMIS will attempt to predict the length of time the particular diagnosis may last however for mental health diagnosis it has been agreed by the clinical reference group that diagnosis will be set to indefinitely and should be reviewed and ended if no longer the case. Adding a diagnosis/problem should be done by completing a template as above.

Corresponding guidance -Adding a problem/diagnosis using a template
GGC Mental Health Manual - Care Record v2.pdf Section 2.2 page 42

6.4 Linking a problem to an episode

For reporting purposes Consultant Primary Diagnosis should be linked to a referral, this will be a completed by Medical Secretaries. Guidance on this will provided directly to staff who are required to do this.

7. Updating patients appointment status - when patient DNA or Cancels

When a patient DNA's/cancels an appointment this outcome needs to be recorded and an entry recorded in the chronological account of care indicating any known reason for DNA or cancellation and the future plan. The status of the appointment should be updated in the appointment book however at present the consultation page will not automatically launch. The clinician should then record in the detail of contact in the consultation, it is recommended that the SBAR template is used however if the SBAR template is not used then the Zap key should be used to record outcome of the appointment.

GGC Mental Health Manual - Care Record v2.pdf Section 2.1. page 40
Using Zap key to record appointment outcome.
GGC Mental Health Manual - Care Record v2.pdf Section 2.4 page 44

8. Recording of Assessments and Care Planning.

In Phase 1 of implementation assessments will continue to be recorded using the same systems that are in place within teams, i.e. SSA completed, letters dictated and typed. Letters can be created in EMIS and should be stored in EMIS. If SSAs are currently typed and stored on Genysis they can be attached as a document stored. Draft documents can be created and a task sent to author for editing. The task should be labelled patient note in order to create a link to the patient record.

Corresponding guidance
Create a new document
GGC Mental Health Manual - Care Record v2.pdf Section 2.8 page 45
Attaching a Document
GGC Mental Health Manual - Care Record v2.pdf Section 2.8.1 Page 46
Adding a patient task
GGC Mental Health Manual - Appointments and Tasks v3.pdf Section 3.3.2 page 41

9. Adding a Standardised Assessment eg HONOS
Assessments that were previously completed in PIMs will be available on EMIS. HONOS assessment should be completed at all initial assessments and recorded on EMIS.
Corresponding guidance
Adding an assessment
GGC Mental Health Manual - Care Record v2.pdf Section 2.9 Page 51

10. Booking a patient into a MDT meeting for discussion/Review
After initial assessment a patient should be booked into the next available MDT slot for discussion at an MDT meeting. Each team will have an appointment book created for their MDT meeting and patient should be booked into the appointment book.
Corresponding guidance
Booking an appointment
GGC Mental Health Manual - Appointments and Tasks v3.pdf Section 1.7 page 19

11. Managing Multidisciplinary Meeting using EMIS
A diary has been set up for an MDT meeting, this will allow Clinicians to book patients in to meetings to feedback new assessments or review care. Each team will have diary set up to reflect how their particular team works. At a MDT meeting the diary page can be opened and will show list of patients for discussion. The outcome of the discussion should be recorded by launching a consultation from the MDT appointment book. The properties of the consultation should be changed to by proxy if the patient is not present at the discussion.

Corresponding Guidance
Adding a consultation from appointment book
GGC Mental Health Manual - Care Record v2.pdf Section 2.1. page 40
Editing the consultation properties
GGC Mental Health Manual - Care Record v2.pdf Section 2.1.3 page 42

12. Internal Referrals to another discipline within a team
At an MDT meeting and or where agreement has been reached that a referral to another member of the multidiscipline is required a linked episode should be created on EMIS. The usual internal process for making internal referrals should also be followed. A patient task should be used to notify other discipline that referral documentation has been completed rather than printing. In the task type tab select patient note, this will link the task to the care record.

Corresponding guidance
Creating a Linked Episode
GGC Mental Health Manual - Patient Administration.pdf Section 1.5.1 page 13

Adding a patient task
GGC Mental Health Manual - Appointments and Tasks v3.pdf Section 3.3.2 page 41

13. Referral to another Team /Transfer of Care
If a patients care is being transferred to another team who are not using EMIS the consultation and letters should be printed and placed in case notes.

Corresponding Guidance
Printing and Emailing in Care Record
GGC Mental Health Manual - Care Record v2.pdf Section 1.6 page 12

If patient is being transferred to a team who is using EMIS then the care record will be available by searching using Find Patient.

14. Ongoing interventions/contact from Team
All contacts with patients, family or other health care professionals should be recorded in the chronological account of care. Entries should be made as close to the event as possible.

Corresponding Guidance – Adding a Clinical Template from Within a Consultation
GGC Mental Health Manual - Care Record v2.pdf Section 2.2 page 42

15. Adding a Psychological Therapy Intervention
All staff who are delivering psychological therapies should complete the psychological therapy template at each intervention. This template should be launched from a consultation, the comment box within the template can be used to record content of appointment which will display in the chronological account of care.
Corresponding Guidance – Adding a Clinical Template from Within a Consultation
GGC Mental Health Manual - Care Record v2.pdf Section 2.2 page 42

16. Adding a Dementia PDS Template
All people newly diagnosed with dementia will receive post-diagnostic support. A Dementia
Post Diagnostic Support Template should be completed.
Corresponding Guidance – Adding a Clinical Template from within a Consultation
GGC Mental Health Manual - Care Record v2.pdf Section 2.2 page 42

17. Adding an Occupational Therapy Template
An Occupational Therapy Template should be completed after each appointment. This will record specific assessments and intervention delivered by OT's. If an OT is also delivering a Psychological Therapy at an appointment then a Psychological Therapy Template should also be completed.

Corresponding Guidance – Adding a Clinical Template from Within a Consultation
GGC Mental Health Manual - Care Record v2.pdf Section 2.2 page 42

18. Groups

Groups will be set up by IT. Information of dates and times of groups and any changes to groups should logged through the IT Helpdesk. A diary will be set up for each group and patients will be assigned to a list for this group and added to the diary when they are due to attend. Updating attendance status for a group is done through the appointment book.

Corresponding Guidance

Create a patient schedule from the Appointment Book
GGC Mental Health Manual - Appointments and Tasks v3.pdf Section 2.2.1 page 33

Assignment List
GGC Mental Health Manual - Appointments and Tasks v3.pdf Section 2.3 page 37

Updating attendance status at a group

Attended -
GGC Mental Health Manual - Appointments and Tasks v3.pdf Section 1.10 page 26

When a patient DNA's or cancels a group this outcome needs to be recorded and an entry recorded in the chronological account of care indicating any known reason for DNA or cancellation and the future plan. The status of the appointment should be updated in the appointment book however at present the consultation page will not automatically launch.

Corresponding guidance

Adding a Consultation
GGC Mental Health Manual - Care Record v2.pdf Section 2.1 Page 40

Using Zap key to record appointment outcome.
GGC Mental Health Manual - Care Record v2.pdf Section 2.4 page 44

19. Depot Clinics, Clozapine Clinics and Physical Health Care Clinics.

Depot, Clozapine and Physical Health Care Clinics will be managed in the same way as groups using the appointment book, see above.

20. Using Tasks

Tasks can be used to send a message to other clinicians within EMIS about a patient. For example a duty worker takes a call about a patient they can send a task to the keyworker alerting them to this and request that they read the entry in the notes. In the task type tab select patient note, this will link the task to the care record.

Adding a patient task
GGC Mental Health Manual - Appointments and Tasks v3.pdf Section 3.3.2 page 41

21. Retrospective entries

Entries should be made as close to the delivery of care as possible, if an entry is entered retrospectively the details of when the appointment/contact took place should be recorded. When saving the entry it will automatically be stamped with the date and time that the entry took place however the chronological account of care will be maintained.

22. Guidance for editing or deleting entries in EMIS.

22.1 Editing entries can be used in the following circumstances

- When a clinician dictates and typing is then done by secretary. The clinician can then edit the document within EMIS.
- When a clinician recognises an inaccuracy within their entry.
- If a factual inaccuracy is noticed by another clinicians entry the person noticing this should alert the writer to this, if leaving the entry unchanged poses a risk to the patient or others then the clinician who recognises the inaccuracy should amend and notify the person who entered the original entry.
- This is not intended to encourage staff to correct minor spelling, grammatical errors or typos, the intention is to correct mistakes that may cause ambiguity or where the incorrect information could pose a risk.
- Where countersigning is required for example students entries.

22.2 Deleting Entries

Deleting entries should only be used when information is entered into the wrong patient's record. The person who made the entry should delete their own entry. If the wrong entry is noticed by another clinician the person noticing this should alert the writer to this, if leaving the entry unchanged poses a risk to the patient or others then the clinician who recognises the inaccuracy should delete and notify the person who entered the original entry.

22.3 Auditing of Editing and Deleting

When an entry that has been edited there is a symbol which identifies this and all users can view the audit trail. Currently a deleted entry is not visible to users however there is a full audit trail within the system audit tool that records every action that a user has performed within the system. This includes viewing records. Reports on deleted entries will be run on monthly basis. A request has been made to EMIS to improve the visibility of deleted entries to user.

Corresponding guidance
Edit a consultation and viewing audit trail
GGC Mental Health Manual - Care Record v2.pdf Section 2.6 page 44

23. Countersigning Entries

Students or trainees should complete new user form, they will then be allocated Student/Trainee access to allow them access to EMIS care record. Students will be trained by their mentor. All appointments should be booked by the mentor. Students can document care under their own log in. The mentor will then edit the student's consultation and add 'patient care record reviewed by clinical supervisor'. An icon will then be displayed detailing that the entry has been edited.

Corresponding Guidance
Edit a consultation and viewing audit trail
GGC Mental Health Manual - Care Record v2.pdf Section 2.6 page 44

24. Discharges

Discharges can be from an individual keyworker, the EMIS term for this is unassigning an episode from a user or from the service, discharging a patient. When a record is being closed due to death of a patient the term used is Deduct a Patient. (This will be completed by medical records)

Corresponding Guidance
Unassigning an Episode from a User
GGC Mental Health Manual - Patient Administration.pdf Section 1.3.5 page 14
Discharging a patient
GGC Mental Health Manual - Patient Administration.pdf Section 1.5.3 page 11
Deduct a patient (for medical Record staff only)
GGC Mental Health Manual - Patient Registration v3.pdf Section 6 page 21

Appendix 2 Outcoming Patient Appointments

From the **Appointment Book**:

- Click on the patient you wish to outcome
- You can use the keyboard shortcuts below OR you can right-click and use the sub-menu from **Change Slot Status**

Keyboard Shortcuts:
A = Arrived
S = Seen or Send in
L = Left
D = DNA

Selecting **A** followed by **S** will launch the **Consultation**. Once you have completed a consultation you will then be returned to the **Appointment Book** and you will see the letter **L** next to the appointment with a line scored through the appointment.

This denotes that you have completed the appointment.